



CITY OF EL PASO

COMPETITIVE REASSIGNMENT/ PROMOTIONAL APPLICATION

HUMAN RESOURCES
DEPARTMENT
TWO CIVIC CENTER PLAZA,
THIRD FLOOR
EL PASO, TEXAS 79901-1196

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Block 1 DATE:		SS#: - -		Employee ID (KRONOS)	
POSITION APPLYING FOR:				Job Code 0 0	
Block 2 (Last)		(First)		(Middle)	
NAME:					
Block 3 MAILING ADDRESS: (Number & Street)		(Apt. #)		(City)	(State) (Zip)
CURRENT DEPARTMENT:		PHONE NUMBERS: WORK OTHER () ()		DRIVER'S LICENSE (IF REQUIRED) License # Class State	
Would you like to be contacted by e-mail? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes provide e-mail address: <u>Please do not convey any personal information in the e-mail address</u> (e.g., ethnicity, age, gender, employment status)					
Block 4 READ CAREFULLY AND ANSWER ALL QUESTIONS BY CHECKING YES OR NO				YES	NO
1. Have you taken an examination in the last 12 months for this job and failed to make a passing grade? If yes, give date(s): _____				<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been dismissed or asked to resign from any job? If yes, explain in Block 7 REMARKS .				<input type="checkbox"/>	<input type="checkbox"/>
3. Have you resigned during or failed to complete a probationary period, or have you been demoted within the last two years? If yes, explain in Block 7 REMARKS .				<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been convicted of a misdemeanor or felony? Please include payment(s) of (a) fine(s) or forfeiture of (a) bond(s) and pleas of nolo contendere in Block 7 REMARKS .				<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been tried and or convicted by a military court-martial? Please include payment(s) of (a) fine(s) or forfeiture in Block 7 REMARKS .				<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have relatives employed by the City or who are currently serving on City Council? If yes, list name(s), relationship and department(s) in Block 7 REMARKS . <u>Answer 7 if the job you are applying for requires driving a vehicle.</u>				<input type="checkbox"/>	<input type="checkbox"/>
7. Have you received any traffic citations within the last five (5) years. Excluding parking tickets. If yes list and give date and disposition of each citation in Block 7 REMARKS .				<input type="checkbox"/>	<input type="checkbox"/>
Block 5 EDUCATION: Check Highest Grade Completed: Grade 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18+ <input type="checkbox"/>					
Name of last school attended: _____ Total college credits earned : _____					
Last year attended : _____ HS Diploma or GED <input type="checkbox"/> Type of Degree received: N/A <input type="checkbox"/> AA <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> PHD <input type="checkbox"/>					

DO NOT WRITE IN THIS SECTION			CONDITIONAL <input type="checkbox"/>		
Present Position _____			Current Grade _____ Grade Testing For _____		
Efficiency Rating					
<input type="checkbox"/> EX	_____	_____	Examination Date _____		
<input type="checkbox"/> ES	_____	_____	Efficiency Rating _____		
<input type="checkbox"/> C	_____	_____	Seniority Credit _____		
<input type="checkbox"/> MS	_____	_____	Current Certification Date: _____		
<input type="checkbox"/> M	_____	_____	Original Hire Date: _____		
<input type="checkbox"/> U	_____	_____			
Qualified <input type="checkbox"/>			Disqualified <input type="checkbox"/>		
Rule(S) _____					

Date _____ Initials _____					

EMPLOYMENT RECORD

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Block 6 EMPLOYMENT RECORD: Start with your most recent **qualifying** job. Use a separate box for each job. List the experience that would qualify you to take the exam (**use additional paper if necessary**). A resume can be substituted for Block 6. However, the resume **MUST** contain all the information requested in Block 6.

Employer _____	Your Job Title _____
Phone _____	Supervisor's Name: _____
Dates Employed: From (mm/yyyy) / To (mm/yyyy)	Total Time: Years Months Hours Per Week
Duties _____	

Employer _____	Your Job Title _____
Phone _____	Supervisor's Name: _____
Dates Employed: From (mm/yyyy) / To (mm/yyyy)	Total Time: Years Months Hours Per Week
Duties _____	

Employer _____	Your Job Title _____
Phone _____	Supervisor's Name: _____
Dates Employed: From (mm/yyyy) / To (mm/yyyy)	Total Time: Years Months Hours Per Week
Duties _____	

Block 7 REMARKS: _____

Block 8 Reminder: Information regarding this recruitment is sent to the department listed on this application. If you would like the information sent to your mailing address, please provide a self- addressed envelope, with the correct postage.

Initial: _____

Block 9

I certify that my statements in this application are true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may disqualify me for employment, ban me from the examination, remove my name from the eligible list, or if I have been appointed, cause my dismissal. I also agree that all statements on this application may be investigated.

Date: _____ Signature: _____